

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 403000038734

1. Corporation Name

D & L MOVING AND TRUCK RENTAL, LLC

2. Principal Office Address

195 E. Fairfield Dr

Suite, Apt. #, etc.

City & State

Pensacola FL

Zip

32503

Country

Escambia

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

32503

Country

Same

FILED
06 MAY -2 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/08/06--01024--028 **150.00

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/03

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David Touchstone

Street Address (P.O. Box Number is Not Acceptable)

195 E Fairfield Drive

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32503

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
mgr	David Touchstone	195 E Fairfield Dr.	Pensacola FL 32503

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

David Touchstone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/06

Date

850 232 8929

Daytime Phone #